

satisfy the healthy activities requirement or otherwise applicable standard in an activity-only wellness program.

(3) If the individual's personal physician states that a healthy activity requirement is not medically appropriate for that individual, the Director shall permit a reasonable alternative that accommodates the recommendations of the individual's personal physician with regard to medical appropriateness.

E. Process for Evaluating Requests for Waivers and Reasonable Alternatives.

(1) Applications.

(a) A request for a waiver or reasonable alternative shall be submitted in writing to the Employee Benefits Division and shall be signed by the individual who is seeking the waiver or reasonable alternative.

(b) A request for a waiver based on conscientious, religious, or cultural objection shall include a statement that articulates the sincerely held beliefs or practices of a religious, moral, or cultural nature that prohibit the requestor from participating in the healthy activities requirements, and an explanation of how the beliefs or practices prohibit such participation.

(c) A request for a waiver asserting that the healthy activities are detrimental to or cannot help the individual's health shall include documentation that supports the stated basis for the request.

(d) A request for reasonable alternative to the healthy activities requirements may include documentation that supports the stated basis for the request. Where an individual provides credible support that it is unreasonably difficult due to a medical condition to satisfy the healthy activities requirements or otherwise applicable standard or that it is medically inadvisable to attempt to satisfy the healthy activities requirements or otherwise applicable standard, a reasonable alternative shall be permitted, or the required healthy activity or other condition for obtaining the reward shall be waived.

(e) A physician recommendation for a reasonable alternative or physician statement in support of a request for waiver or reasonable alternative shall be on official letterhead, signed and dated, in order to be considered.

(f) All documentation submitted with a request for waiver shall be treated as confidential and shall be disclosed only as permitted by applicable law and only to those individuals who need to know its contents as part of the review, evaluation, and approval process.

(2) Committee to Review Requests for Waivers and Reasonable Alternatives.

(a) The Director may designate two or more employees as members of a Waiver Committee consistent with the specifications of this regulation, to review and evaluate requests. At least one employee member shall be from the Employee Benefits Division of the Department Office of Personnel Services and Benefits.

(b) For each request, the Waiver Committee shall make a recommendation to the Director or designee to grant or deny the request, or to request additional information from the requestor.

(c) The Director or designee has discretion to accept or reject the recommendation and may request additional information from the Waiver Committee or from the requestor.

F. Determinations by the Director.

(1) Written Determination.

(a) The Director or designee shall issue a written determination approving or denying the request as soon as practicable. Approval of a request for waiver or reasonable alternative is discretionary, subject only to abuse of that discretion, and denial may be based on any legally permissible reason.

(b) A determination approving a request for a waiver shall state the healthy activities to which it applies.

(c) A determination authorizing a reasonable alternative shall describe the reasonable alternative.

(d) A determination denying a request shall include instructions for requesting reconsideration.

(2) Reconsideration.

(a) An individual may request reconsideration of the determination.

(b) A request for reconsideration must be submitted to the Director within 10 days of receipt of the determination.

(c) A request for reconsideration shall state the reasons the individual believes the determination should be reconsidered and may be accompanied by supporting documentation.

(d) The Director or designee shall issue a response to the request for reconsideration in writing within 30 calendar days of receipt of the request.

DAVID R. BRINKLEY
Secretary of Budget and Management

Title 31 MARYLAND INSURANCE ADMINISTRATION

Subtitle 10 HEALTH INSURANCE — GENERAL

31.10.11 Uniform Claims Forms

Authority: [Health-General Article, §§19-712.1 and 19-712.3;] Health Occupations Article, [§1-207] §1-208; Insurance Article, §§2-109], 15-701, 15-704, 15-706, 15-711, 15-712,] and 15-1003—15-1005; Annotated Code of Maryland

Notice of Proposed Action

[15-128-P]

The Insurance Commissioner proposes to amend Regulation .02 under **COMAR 31.10.11 Uniform Claims Forms**.

Statement of Purpose

The purpose of this action is to update the enabling authority for COMAR 31.10.11 to reflect statutory changes and to improve accuracy; to clarify that the chapter does not apply to managed care organizations; and to update the definition of "ICD-9-CM Codes" in Regulation .02 so as to include any successor to ICD-9-CM Codes published by the Department of Health and Human Services (HHS).

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Catherine Grason, Director of Regulatory Affairs, Maryland Insurance Administration, 200 St. Paul Place, Ste. 2700, Baltimore, MD 21202, or call 410-468-2201, or email to insuranceregreview.mia@maryland.gov, or fax to 410-468-

2020. Comments will be accepted through June 15, 2015. A public hearing has not been scheduled.

.02 Definitions.

A. (text unchanged)

B. Terms Defined.

(1)—(13) (text unchanged)

(14) *ICD 9-CM Codes*.

(a) "ICD-9-CM Codes" means the current disease and procedure codes in the international classification of diseases published by the U.S. Department of Health and Human Services.

(b) "*ICD-9-CM Codes*" includes any successor to *ICD-9-CM Codes* published by the U.S. Department of Health and Human Services.

(15) (text unchanged)

[(16)] "MCO" means a managed care organization as defined in Health-General Article, §15-101(f), Annotated Code of Maryland.]

[(17)] (16)—[22] (21) (text unchanged) Member.

[(23)] (22) "Third-party payor" means a person that administers or provides reimbursement for health care benefits on an expense-incurred basis including:

(a) (text unchanged)

(b) A health insurer or nonprofit health service plan authorized to offer health insurance policies or contracts in this State in accordance with the Insurance Article, Annotated Code of Maryland; or

(c) A third-party administrator registered under Insurance Article, Title 8, Subtitle 3, Annotated Code of Maryland; or

(d) An MCO].

[(24)] (23) (text unchanged)

ALFRED W. REDMER, JR.
Insurance Commissioner